

ACRL Allen County Right to Life

February 12, 2019

Randall Snyder
Division Director, Acute Care
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear Mr. Snyder,

Pursuant to the provisions of governing law, including but not limited to, I.C. §§ 5-14-3-1 and 3, I am requesting copies of the most recent abortion facility surveys for all abortion facilities operating in the state including the locations listed below and copies of all notes made, documents collected or create and any files retained in connection with the abortion facility surveys conducted by the Indiana State Department of Health staff at the following abortion clinics in 2018. The date of the last surveys I have listed with the name of each facility. I am requesting surveys and information after these dates:

Planned Parenthood of Indiana & Kentucky, 8645 Connecticut St., Merrillville, IN-Last Surveyed 3/21/
Planned Parenthood of Indiana & Kentucky, 421 S. College Ave, Bloomington, IN-Last Surveyed 3/15/
Planned Parenthood of Indiana & Kentucky, 964 Mezzanine Dr., Lafayette, IN-Last Surveyed 3/7/18
Planned Parenthood of Indiana & Kentucky, 8590 Georgetown Rd., Indianapolis, IN-Last Surveyed 3/2
Clinic for Women 3607 W. 16th St., Suite 2B, Indianapolis, IN-Last surveyed 4/4/18
Women's Med Group, 1201 N. Arlington Ave., Indianapolis, IN-Last surveyed 4/4/18

Please send to the address below or e-mail to cathie.humbarger@ichooselife.org

Mail to:

Cathie Humbarger,
Executive Director
Allen County Right to Life
2126 Inwood Drive
Fort Wayne, IN 46815

Please let me know of any cost related to this request and I will remit payment immediately.
As always, thank you for your assistance.

Sincerely,



Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2018
NAME OF PROVIDER OR SUPPLIER CLINIC FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3807 W 16TH ST STE 2B INDIANAPOLIS, IN 46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of a state licensure complaint.</p> <p>Complaint Number: IN00260984</p> <p>Unsubstantiated: Lack of evidence.</p> <p>Date: 9/13/2018</p> <p>Facility Number: 011133</p> <p>Clinic for Women is in Compliance with 410 IAC 26-7 Medical Records and 410 IAC 26-10 Patient Care and Nursing Services Licensure Rules.</p> <p>QA: 9/26/18</p>	T 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

SURVEYOR NOTES WORKSHEET

Facility Name: Clinic for Women Surveyor Name: Union Smart
 Provider Number: 3607 W. 16th St. Ste 28 Surveyor Number: 38313 Discipline: PHNS
 Observation Dates: From 9/13/2018 To 9/13/2018 Complaint 1N 00 260984 State

TAG/CONCERNS	DOCUMENTATION
9/13/2018	
Annex 9/13/18	+ Policies - Privacy all policies reviewed 1/12/2018
	+ Complaint / Denials less 6 months
	No complaints or grievances related to all regulations
	+ List of employees - including any working 2018
Interview	Employee list marked with initials for who is here today NS
9:10pm NS	Randomly noted of 10 employees ()
	5 here today - 2 called in
	Plus 1 knew employees at 1255pm
	Signed Privacy Policies included
	Social Media
	Confidentiality Statement
	Agreement with business associates to abide by HIPAA regulations
1 -	Acst. Director/Manager
	Passport ID
	Bachelor of Science Ball State University / Masters of Business University of Phoenix
	Hired 2-15-18
	Job Description / Quality Assurance / Risk Management
	includes functions as the HIPAA compliance officer and assists compliance with all HIPAA regulations
2 -	"Assistant"
	Original License
High School Diploma	Signed and Privacy Policies included
	Social Media
Hired 7-18-17	Confidentiality Statement
	(Receipt of Clinic for Women)
	Notice of Privacy Policy
3 -	LPN
	Original Licensed ID
LPN license	Signed Privacy Policies included
Hired 9/6/17	Social Media
	Confidentiality Statement
	Agreement with business associates to abide by HIPAA regulations
4 -	RN
	Original License
Master's College ASN	Signed Privacy Policies included
Hired 8/28/17	Social Media
	Confidentiality Statement
	Receipt of Clinic for Women
	Notice of Privacy Policy

Travel

30 min travel
35 min here

5.75 hr or so

Here 3.20

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
5-	[REDACTED] - Director
9/13/2019	<p>ED Driver License</p> <p>Bachelor of Science in Health and Safety Indiana University</p> <p>Hunts Date 5/16/95</p> <p>Social Media</p> <p>Confidentiality Statement</p> <p>Receipt of Clinic for</p> <p>Worn Notice of Privacy Policy</p>
Interview 10:45am	<p>Employees: do not wear name tags</p> <p>not that many employees.</p>
N5	<p>Continued with N5 at 1255pm</p> <p>Received interview of this employee at 1255pm</p>
N6	<p>[REDACTED] - Specimen Tech, Surgery Tech</p> <p>ID Drivers license DOB [REDACTED]</p> <p>Diploma</p> <p>Hired 4-20-17</p> <p>Signed Privacy Policy</p> <p>Social Media Policy</p> <p>Confidentiality Statement</p> <p>Orientation Check List for</p> <p>Specimen Technician</p> <p>Surgery Room Technician</p> <p>Patient Education</p> <p>Laboratory Technician</p>

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	Employee Interview 5 DOCUMENTATION
9/13/2018	1. ^{surv} 4025 ^{1 = a1} What do you know about patient privacy. (All)
N-1	[REDACTED]
1048AM	Can't give any information over phone - Any information need pt consents to release. no charts sitting around for me, Solid Media Policy (New) Fax firm to hospital if needed then hospital has patient sign for board 1. (patient) they check what can be released ^{surv} 4025 ^{1 = a2} (Do you have any concerns about people's information privacy) = 92 - No problem or concerns with information being release that should not be released.
N-2	[REDACTED]
11.14am	1. 91 Do not give out any information. Ask when they show home who Doctor - feel called out to see if they know enough information to identify themselves. Date of birth information they would only know. Only if information enough sure it is patient she is talking to. Can not talk to Mother or boyfriend. 92 No concern about giving out information, by other employees. They all know and are trained. Fax form from Pr office to Clinic March 2008. Can tell when talking to a patient.

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	Employee Interview Documentation
9/13/2013 N3 1138 am	<p>Talk directly to Person</p> <p>q1 Must Keep patient's information - Recovery Room - speak quietly to patient confidential with Dr. information sometimes move to private area - Do not release information on phone - Patient must sign to release information -</p> <p>q2 Do concerns that employees might give out private information</p>
N4 1139 am	<p>q1 HIPPA - charts flipped over Depending on question - answer general so not to ID entity, People call other people - Patients must make own appointments Send consents form to hospital and Dr. Office before releasing information.</p> <p>q2 Had question about the above information being taken out - [redacted] store plus [redacted] on text people know could not do that information young lady works here know the father put on Facebook he worked at clinic.</p>
N5 1104 am	<p>q1 Charts under lock key - Admin staff bulk person No information on phone patient can not call back to ask personal question group counseling session - don't use full name in counseling</p> <p>q2 Did have concern about people information private - employee performed business on Facebook then - Social Media (Policy New) brand into effect it could not prove it - was done counsel employee. investigated it was not there never received proof. never saw on Facebook.</p>

SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
Received	at 1255pm Complaint Employee [REDACTED] asked to see her file
From complaint 4/26/18	Received call from [REDACTED] Complaint regarding Employee [REDACTED] Caller says employee is a felon, says employee posted (facebook) personal information regarding her previous visit Facebook was immediately checked for proof of allegation. Unable to verify any violation by viewing employee Facebook page. Caller agreed to send proof Proof not received Also determined that [REDACTED] was w patient in 2015 [REDACTED] did not work at facility at that time nor did she have access to any previous charts or patient record 5/4/18 F/U (follow up) came ask for proof 5/6/18 Int (Start) Social media policy for staff Interview of 130903 Patient and Employee were NS never present at the facility at the same time. NS is positive Patient was not at facility in the same time period as employee worked here Slanderness comments not at facility, no proof that it happened Investigated Criminal Background no felony or patient care problems Interview 130 with NS [REDACTED] Employee Disciplinary Action Written Warning Video in facility no patient's or Record Video 3/23/2019 - given written Warning Plan of Correction Social Media Policy created and approved by the board of directors effective 4/22/2019 Video Viewed by NS [REDACTED]

Indiana State Department of Health Personnel Identifier Table

Survey Type: Complaint TN 002609P4 State

PERSONNEL NAME & TITLE	ID (assigned by surveyor)
[REDACTED] Clinic For Women Director	N5
[REDACTED] / Office Manager	N1
[REDACTED] ADM. Asst. (RECEPT)	N2
[REDACTED] LPN	N3
[REDACTED] RN	N4
[REDACTED] Specimen 1cc L/Surgery Tech	N6



Clinic for Women

3607 W 16th St, Ste B2
Indianapolis, IN 46222-2556
P: (317) 955-2641 / F: (317) 955-2687
clinicforwomen.net / info@clinicforwomen.net

Policy for confidentiality of patient records

The clinic shall ensure the confidentiality of patient records. The clinic must develop, implement, and maintain the following:

- A. A procedure for releasing information or copies of records only to authorized individuals in accordance with federal and state laws.
- B. A procedure that ensures that unauthorized individuals cannot gain access to medical records.



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SOCIAL MEDIA POLICY

Social Media are works of user-created video, audio, text or multimedia that are published and shared in an electronic environment, such as a blog, wiki, instant messaging, email, or video hosting site.

Our policy is that you, the Clinic for Women (CFW) employee, may use Social Media for personal use, only during non-working time and in strict compliance with all other terms of this and other Clinic for Women policies.

PROCEDURE

Keep in mind that conduct that would be illegal or a violation of a CFW policy in the "offline" world would still be illegal or a violation of the policy when it occurs online. While you are entitled to express your opinions and ideas, you have a responsibility not to violate CFW policies or negatively effect the operations of the business.

SOCIAL MEDIA

Following the policy will ensure that your actions reflect our core values of integrity, teamwork, and, excellence while exhibiting a level of professionalism that our clients expect and deserve. When on-line you are speaking in your personal capacity unless you have prior authorization from the Clinic for Women's Director to speak for the clinic, or hold such position as Media Relations that is preapproved to speak for the Clinic. This Policy requires adherence to the Social Media Participation Guidelines. The Clinic for Women reserves the right to restrict and monitor employee's use of social media.

What You Should Do

1. Be smart. Be respectful. Be human.
2. Be authentic. When you post or comment in social media, you should be identifiable.
3. Be transparent. State that it is YOUR opinion. Unless authorized to speak on behalf of the CFW you must state that the views expressed are your own.
4. Be careful. Protect what personal information you share online.
5. Be responsible and act ethically. When you are at work, your primary responsibility is the work of the CFW.

What You Should Never Disclose:

The following should never be disclosed in any form of communication including but not limited to: social media, over the phone, written communication, texting, video, and email.

1. Confidential Information: If you find yourself wondering whether you can talk about something you learned at work -- don't.
2. Patient Information: Do not talk about patients or release patient information.
3. Personnel Information: Do not refer to your co-workers in an abusive or harassing manner.
4. Contractor Information: Do not talk about contractors or release contractor information including names, and business names/affiliations.
5. Legal Information: Do not disclose anything to do with a legal issue, legal case, or attorney.
6. Materials that belong to someone else: Stick to posting your own creations. Do not share copyrighted publications, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases you may also need their permission.

I attest that I have read and agree to adhere to the Clinic for Women's Social Media Policy.

Print Name

Signature

Date

Effective 03/22/2017



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CONFIDENTIALITY STATEMENT

All Clinic For Women employees, as members of the Health Care community, have an important ethical and legal responsibility to preserve the confidentiality of patient test results.

Physicians follow a code of ethics, known as the Hippocratic Oath, which in part reads:
"All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal."

Federal regulations on laboratory operations define the role of the health care worker in dealing with patient testing. As stated in Section 493.1105 of the regulations, "The laboratory must perform test only at the written request of an authorized person" ... an authorized person is an individual authorized under state law to order tests and/or to receive test results. Additionally, Section 493.1109(a), "The laboratory must have adequate systems in place to report results in a timely, accurate, reliable, and confidential manner, and ensure patient confidentiality throughout those parts of the total testing process that are under the laboratory control." Clinic For Women is committed to observing these obligations. All Clinic For Women employees are expected to maintain the confidentiality of patient results and not divulge such information to any unauthorized individual or source. This responsibility rests with each employee and Clinic For Women expects each individual to understand and follow these standards in his or her daily work.

As with all serious infractions, failure of the employee to comply with these standards will result in disciplinary action up to and including termination of employment.

Please do your part to help Clinic For Women meet its responsibility by keeping all patient test results and all other patient information confidential.

Employee Signature: _____

Date Signed and Read: _____



Clinic for Women
3607 West 16th Street Suite B-2
Indianapolis, IN 46222
317-955-2641

AGREEMENT WITH BUSINESS ASSOCIATES
TO ABIDE BY HIPAA REGULATIONS
RELATED TO PROTECTED HEALTH INFORMATION
OF OUR PATIENTS

Name of Business: _____

In the course of during business with you and your organization or company, we may share Protected Health Information (PHI) about our patients with you. We wish to continue to provide the highest standard of quality care to our patients and to maintain daily healthcare operations,

We require that you, the business associates, appropriately safeguard our patient's PHI. We may share PHI of our patient(s) for the following examples (but not limited to): health related communications, treatment, payment and public health, etc.

Business Associates who perform services on our behalf must agree to protect the confidentiality of this information,

Note to Insurance Companies: Minors, who have been granted a Judicial Bypass by the courts to have an abortion, have the same rights as an adult under HIPAA. This means that they may use their parent's insurance under which they are covered, without parental consent or involvement,

I agree to safeguard all PHI of your patients as required by state and federal laws and as per HIPAA regulations.

Signature _____ Date _____



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317-955-2641

Privacy Practice Policy

CLINIC FOR WOMEN NOTICE OF PRIVACY PRACTICES

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to provide a copy of our privacy practices.

This notice describes how we protect your health information and what rights you have to that information.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health operations. Examples of how we use or disclose information for treatment purposes are: scheduling appointments, prescribing medication, faxing medical records to a referring physician for services, or getting information from a prior health care provider.

Examples of how we use or disclose your health care information are: asking you about your health care plan, other sources of payment, preparing and sending insurance claims, and collecting unpaid balances.

Examples of how we use or disclose information for health care operations are: financial or billing audits, internal quality assurance, personnel decisions, managed care plans, defense of legal matters, business planning and outside storage of our records. This includes all operations administrative and managerial that must be performed to run our office.

We routinely use your health information inside our office for these purposes without any special permission. If we must share your health information outside of our office for these reasons we will inform you and ask for special permission.